

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			ORIGINAL CERTIFICATE OF DEATH	
County <u>Cochise</u>	District <u>Souglas</u>	Town <u>Souglas</u>	State Index No. <u>19</u>	County Registered No. <u>17</u>
No. <u>215-5th Street</u>			Local Registrar's No. <u>17</u>	
(If death occurred in Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Carmelo Acido</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED OR DIVORCED	DATE OF DEATH <u>January 8th</u> , 19 <u>21</u> (Month) (Day) (Year)	
DATE OF BIRTH _____, 19____ (Month) (Day) (Year)			I hereby certify that I attended deceased from <u>Dec. 21</u> 19 <u>20</u> to <u>Jan 8</u> 19 <u>21</u> ; that I last saw <u>him</u> alive on <u>Jan 3</u> 19 <u>21</u> and that death occurred on the date stated above at <u>10 PM</u> . The DISEASE or INJURY causing death was as follows: <u>Carcinoma of</u> <u>Colon.</u>	
AGE <u>72</u> yrs. ____ mos. ____ days If less than 1 day hrs., or ____ min.			(Duration) <u>about 9</u> yrs. ____ mos. ____ days	
OCCUPATION (a) Trade, profession or particular kind of work <u>Labour</u> (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? <u>yes</u> If not, where? _____	
BIRTHPLACE (State or country) <u>Mexico</u>			CONTRIBUTORY (Duration) ____ yrs. ____ mos. ____ days	
PARENTS	NAME OF FATHER <u>Casimiro Acido</u>		(Signed) <u>Dr. J. H. L. L. L.</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Mex</u>		19____ (Address) <u>Jan 70-1921</u>	
	MAIDEN NAME OF MOTHER <u>Margaret Acido</u>		*In death from violent causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (State or country) <u>Mexico</u>		LENGTH OF RESIDENCE At place of death ____ yrs. ____ mos. ____ ds. In Ariz. ____ yrs. ____ mos. ____ ds.	
The Above is True to the Best of My Knowledge (Informant) <u>Margaret Acido</u> (Address) <u>215-5th St</u>			Former or Usual Residence <u>Mexico</u>	
PLACE OF BURIAL OR REMOVAL <u>Souglas</u>		DATE OF BURIAL OR REMOVAL <u>Jan 11th</u> 19 <u>21</u>		
UNDERTAKER <u>CHP</u>		ADDRESS <u>Souglas</u>		
			Filed <u>1/11/21</u> 19 <u>21</u> <u>J. L. L.</u> Local Registrar	
			Filed <u>2/5/21</u> 19 <u>21</u> <u>R. B. L.</u> County Registrar	